

brane, but are carried into it from the surrounding tissues. For, neither the vitreous body, nor the hyaloid membrane, is furnished with vessels or nerves, without which inflammation cannot take place, and such products are never met with in the vitreous body, without inflammation of the choroid being present. The term 'Hyalitis' owes its existence, not to the observation of symptoms, which can only be referred to inflammation of the vitreous body, but to the attempt to create a train of phenomena for each tissue of the eye, which will convey the idea of inflammation of it, in order that no gap may be left in the systematic representation of the diseases of the eye. The only real foundation for the disease termed Hyalitis, is to be found in the occurrence of inflammatory products in the vitreous humour, which, however, can and must be explained in a very different manner. These products are the result of inflammation of the ciliary body or choroid, and are carried into the interior of the vitreous humour, in the same manner as the nutritious plasma in the normal condition."

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## MIDWIFERY.

41. *On Superfecundation and Superfœtation.*—Dr. KUSSMAUL distinguishes superfecundation from superfœtation, and he proposes the word "superimpregnation," in order to express a new conception, which has happened during the course of pregnancy. The author discusses the following four questions:—

Is it possible that during pregnancy new ovules can become mature and detach themselves from the ovary?

Is the state of pregnancy of a matrix simple, or of one of the halves of a double one, an absolute obstacle to a second fecundation?

What is the value of the facts recognized up to the present time relating to the result of superfœtation in a simple or double matrix?

The following are the results of researches to which Dr. Kussmaul devoted himself regarding this argument:—

1. We must distinguish superfecundation from superfœtation, and unite both these phenomena under the name of superimpregnation.

2. There is superfecundation, if, in consequence of several intercourses of the sexes, there is fertilization of several ovules which have been matured during the same period of ovulation. This phenomenon is proved in the horse, and exists in all probability also in man.

3. Superfœtation would take place if an ovule of the second or any other period during pregnancy could be fertilized, but until now the possibility of this fertilization has not been established with certainty in woman, because it is proved that ovulation exists in women generally during pregnancy, and that all cases considered until now as superfœtations are open to other interpretation.

4. We possess up to the present time no authenticated case of any individual superfœtation in extra-uterine pregnancy. Supposed cases of the sexes are explained by the fecundation of two ovules from the same period of ovulation, which are developed on different points in consequence of a new fecundation after the death of the embryo which was developed outside of the uterine cavity.

5. We possess no positive evidence that a woman whose matrix did contain a dead fetus was able to conceive.

6. Neither the membrane nor the mucus which obstruct the cavity of the neck of the uterus, could be considered as an absolute obstacle to superfœtation in a single or double matrix.

7. The only obstacle which opposes the passage of the seminal liquor in a simple matrix in a state of gestation is the embryo itself, when it fills up the uterine cavity and closes the openings of the oviduct. In a double matrix nothing can hinder the passage of the seminal liquor in that part which has not been impregnated during the time of pregnancy.

8. The most probable facts with regard to superfœtation are those relating to the birth of twins at long intervals; but these facts can be explained as the

birth of twins, one of which was too forward, the other late; that is to say, the one took more time than the other for complete development.—*Dublin Med. Press*, Aug. 25, 1861, from *Presse Méd. Belge*.

42. *Modes of Termination of Extra-Uterine Pregnancy.*—Dr. MATTEI relates the details of a case of extra-uterine gestation which occurred in his practice, and states the following results of his examination of the details of 100 recorded cases, references to most of which he furnishes. Of the 100 women, 12 died accidentally, after having retained the result of pregnancy during several years; 5 died in consequence of the accidents of pregnancy without the cyst having opened externally. In 37 instances an opening was made into the cyst through the abdominal walls—viz., spontaneously in 21 (20 of these women recovering), in 7 with the concurrence of art all recovering, and in 9 by gastrotomy, all recovering. In 8 cases the opening took place into the bladder, 2 of the women dying. In 7, into the vagina, the opening being spontaneous and fatal in 2, and artificial, with 4 recoveries, in 5. In 31 cases the opening took place into the intestinal canal, either with the intervention of art or not, and of these 12 recovered and 19 died. The author's conclusions are: 1. Old extra-uterine pregnancies allow of life being prolonged for many years, but such cases are rare (12 per cent.), and are especially met with when the foetus dies at an early period, and when the cyst has remained of small size. 2. Extra-uterine pregnancy may (5 per cent.) become the cause of death without the cyst opening externally or into a mucous membrane. 3. Whether the cyst gives rise to accidents prior to or subsequent to its being opened, it is not easily tolerated by the economy, and is expelled in more than a third of the cases in from one to two years, in a sixth between two and five years, and so on in decreasing progression. 4. Of all the modes of termination that by an opening through the abdominal walls, whether spontaneous or artificial, has been the most frequent (38 per cent.) and the most favourable, serious inflammatory accidents and resorptions scarcely ever occurring. 5. Opening into the bladder is rare (8 per cent.) and less often followed by recovery. 6. That into the vagina is somewhat rarer still (7 per cent.), and what is surprising is that it is much oftener fatal, especially when art does not intervene. 7. Opening into the intestine is of frequent occurrence (30 per cent.), and is the most fatal of all terminations, three out of five women dying. 8. It is imprudent to treat these cases by expectation, unless, indeed, the cyst is small; and even then it should be at once evacuated, when there are symptoms of an opening taking place, such as sudden change in the health, fever, rapid emaciation, the disappearance of fluid from the cyst, local signs of reaction, and especially diarrhoea. 9. When there is time to wait, it is best to open the cyst at different stages, caustics being often preferable to cutting instruments. 10. If we have the choice of the place where the aperture is to be made, this should be in the abdominal parietes; but if Nature has commenced the eliminating process at any point, it is there we must act, and that as promptly as possible, especially if this be the intestine.—*Med. Times and Gaz.*, August 17, 1861, from *Gazette des Hôpitaux*, 1860, No. 110.

43. *Labour Twice Prematurely Induced on a Dwarf with Distorted Pelvis.*—Dr. E. A. KIRBY read before the Royal Med. and Chirurg. Soc. (Feb. 26th, 1861) an account of a case of this kind. The subject of it was a dwarf of singularly small stature and ill development. In infancy she had rickets, and her osseous system was considerably distorted by the inroads of that disease; but it appeared that some other members of the same family were also very diminutive in stature and development, who nevertheless were exceedingly well proportioned, and apparently free from disease. Therefore, apart from the distortion consequent upon the rickets, she was no doubt a true dwarf. When first seen by the author, in the early part of 1858, she was twenty-seven years of age, had been married twelve months, and had completed her thirty weeks of uterine gestation. She presented a strumous aspect, and her general health was indifferent. On a careful examination, the spinal column and pelvis were found to be greatly distorted. The former from the last cervical to the union of the last dorsal and first lumbar vertebrae, measured fourteen inches, and presented